



North Carolina Community Health Grants 2014 Profile

www.ncdhhs.gov/orhcc/

Overview

The General Assembly appropriates approximately \$5.4 million in recurring funds for Community Health Grants. The purpose of the funds is fourfold:

- To increase access to preventive and primary care services for medically vulnerable patients in existing or new health center locations;
- To establish primary care safety net services in counties where no such services exist;
- To create new services or augment existing primary care and preventive medical services provided;
- To increase capacity necessary to serve low income patients by enhancing or replacing facilities, equipment, or technologies.

These funds, by statute, support safety-net organizations such as federally qualified health centers, health centers that meet the criteria for federally qualified health centers, state-designated rural health centers, free clinics, public health departments, and school-based health centers that provide care to underserved populations throughout the state. Grant funds may be used for both capital improvements and direct patient care. In SFY 2014, grants supported 82 health care professionals to provide patient care.

Importance

Continued support and recurring funding for the Community Health Grant program has strengthened North Carolina's health care safety net infrastructure to ensure that all of the state's low income and vulnerable residents (Uninsured, Underinsured, Medicare and Medicaid) have access to affordable and appropriate quality medical care.

Cost, Savings and Monitoring

In SFY 2014, funds were awarded in 60 counties, 31 of which are in the most rural areas of our state (based on NC IOM Rural Health Task Force definition of NC Rural Counties):

TYPE	NO.	AMOUNT
• Federally Qualified Health Centers:	11	\$1,025,452
• Free Clinics:	20	\$2,567,987
• Health Departments:	4	\$365,511
• Hospitals:	8	\$559,105
• School Based Health Centers:	4	\$520,881

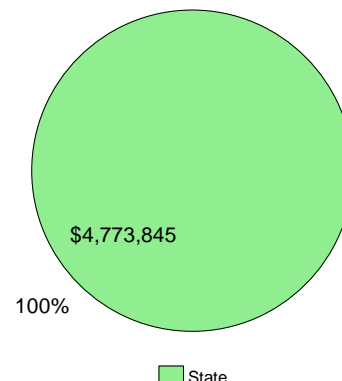
Based on grantee's performance:

- 50% of the grant funded sites have improved clinical outcomes of diabetes patients through reduced A1c levels, patient education, and early diagnosis;
- 59% of grant funded sites have improved clinical outcomes of hypertensive patients through early diagnosis and improved blood pressure levels of 140/90 and 130/80
- 60% of grant funded sites have provided smoking cessation to improve the clinical outcomes of their patients who smoke.

Technical Assistance: Supporting safety net infrastructure in vulnerable communities:

Program Development/Grant Support 110 encounters

Community Health Grants Funding
Sources (SFY 2013-2014)





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Program Coverage

- 60 counties
- 157,100 low-income patients served at an average annual cost of \$32 per patient.



★ Community Health Grantees

If you have further questions, please contact:

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